

PCL

Premium Creative Labels, Inc.

Credit Card Authorization Form

Company Name: _____
Customer ID#: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
E-mail: _____

Credit Card Information:

I hereby authorize Premium Creative Labels, Inc. to charge my purchases to the credit card(s) listed below:

Primary Card Account:

- American Express
 MasterCard
 Visa

Secondary Card Account:

- American Express
 MasterCard
 Visa

Name on Card (exactly as printed)

Name on Card (exactly as printed)

Billing Address for Credit Card (street, Ste#)

Billing Address for Credit Card (street, Ste#)

City, State, Zip Code

City, State, Zip Code

Credit Card Number

Credit Card Number

Expiration Date

CID/CVV# (security code on card)

Expiration Date

CID/CVV# (security code on card)

Signature

Today's Date

Signature

Today's Date

Print Name

Print Name

Title

Title

This authorization is valid and will remain on file with Premium Creative Labels, Inc until written cancellation is provided.

Please fax the completed form to 951.600.1922 or E-mail a completed scanned version to accounting@premiumcreativelabels.com.